

Case Number:	CM13-0049171		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2009
Decision Date:	06/04/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurosurgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 49 year-old female who is reported to have sustained work related injuries on 09/16/09 as the result of lifting. She is reported to have exhausted conservative management which included oral medications, physical therapy, and epidural steroid injections. The claimant underwent decompressive surgery at L4/5. [REDACTED] reports that MRI shows only minimal central decompressive laminectomy at L4/5. It is reported that there is residual foraminal stenosis. As such, he opines the claimant will require an extra wide decompression which will result in iatrogenic instability. No recent imaging studies were submitted for review. The request is for posterior lumbar re-exploration for revision of bilateral L4-5 decompressive foraminotomies, facetectomies; L4-5 instruments posterolateral fusion, assistant surgeon; intra-operative monitoring; with three day inpatient stay and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 POSTERIOR LUMBAR RE-EXPLORATION FOR REVISION OF BILATERAL L4-5 DECOMPRESSIVE FORMINOTOMIES/FACETOMIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 639-653.

Decision rationale: The request for posterior lumbar re-exploration for revision of bilateral L4-5 decompressive foraminotomies/facetomies; L4-5 instruments posterolateral fusion, assistant surgeon; intra-operative monitoring; with three day inpatient stay and pre-operative medical clearance is not medically necessary. The records indicate the claimant is status post a decompressive laminectomy at L4/5 with chronic residual symptoms. ACOEM notes that "Lumbar fusion is not recommended as a treatment for patients with radiculopathy from disc herniation or for patients with chronic low back pain after lumbar discectomy". The record further does not contain any recent imaging studies from which to evaluate the lumbar spine. Therefore, given the limited information and noting the ACOEM recommendations the medical necessity of the request has not been established.

L4-5 INSTRUMENTS POSTEROLATERAL FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

INTRA-OPERATIVE MONITORING WITH 3 DAY INPATIENT STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 PURCHASE OF LOMBOSCRAL OTHOSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1-2 MONTH RENTAL OF COLD THERAPY UNIT FOR POST-OPERATIVE MANAGEMENT OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.